

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

OHIO FIRST PAC

ADDRESS (number and street)

PO BOX 9891

Check if different
than previously
reported. (ACC)

ARLINGTON

VA

22219

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00666750

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y
05 08 2018in the
State of

OH

(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
04 01 2018

through

M M / D D / Y Y Y Y Y Y
04 18 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

DOZIER, JULIE, , ,

Type or Print Name of Treasurer

Signature of Treasurer

DOZIER, JULIE, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
06 29 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

OHIO FIRST PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2018 To: M M / D D / Y Y Y Y Y Y
04 / 18 / 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2018		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19)	0.00	0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	0.00	0.00
7. Total Disbursements (from Line 31).....	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	0.00	0.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	367666.99	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

OHIO FIRST PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
04	/	01	/	2018

To:

M M	/	D D	/	Y Y Y Y Y Y
04	/	18	/	2018

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

0.00

0.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

0.00

0.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶

0.00

0.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

0.00

0.00

DETAILED SUMMARY PAGE of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	0.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 6 OF 13

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10
NAME OF COMMITTEE (In Full)
OHIO FIRST PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MAJORITY STRATEGIES, LLC

Nature of Debt (Purpose):

MEDIA PLACEMENT/MEDIA PRODUCTIONMailing Address 12854 KENAN DR
STE 145City
JACKSONVILLEState
FLZip Code
32258

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4171

Amount Incurred This Period

93270.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

93270.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MAJORITY STRATEGIES, LLC

Nature of Debt (Purpose):

MEDIA PLACEMENTMailing Address 12854 KENAN DR
STE 145City
JACKSONVILLEState
FLZip Code
32258

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4175

Amount Incurred This Period

25000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MAJORITY STRATEGIES, LLC

Nature of Debt (Purpose):

MEDIA PRODUCTIONMailing Address 12854 KENAN DR
STE 145City
JACKSONVILLEState
FLZip Code
32258

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4235

Amount Incurred This Period

2500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

120770.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 7 OF 13

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10
NAME OF COMMITTEE (In Full)
OHIO FIRST PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MAJORITY STRATEGIES, LLCNature of Debt (Purpose):
SURVEY RESEARCHMailing Address 12854 KENAN DR
STE 145City
JACKSONVILLEState
FLZip Code
32258

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4236

Amount Incurred This Period

20000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MAJORITY STRATEGIES, LLCNature of Debt (Purpose):
WEB SERVICEMailing Address 12854 KENAN DR
STE 145City
JACKSONVILLEState
FLZip Code
32258

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4237

Amount Incurred This Period

4975.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4975.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MAJORITY STRATEGIES, LLCNature of Debt (Purpose):
PRINTING/POSTAGEMailing Address 12854 KENAN DR
STE 145City
JACKSONVILLEState
FLZip Code
32258

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4149

Amount Incurred This Period

52307.33

Payment This Period

0.00

Outstanding Balance at Close of This Period

52307.33

1) **SUBTOTALS** This Period This Page (optional)..... ►

77282.33

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 8 OF 13

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10
NAME OF COMMITTEE (In Full)
OHIO FIRST PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MAJORITY STRATEGIES, LLCNature of Debt (Purpose):
SURVEY RESEARCHMailing Address 12854 KENAN DR
STE 145City
JACKSONVILLEState
FLZip Code
32258

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4234

Amount Incurred This Period

10000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MAJORITY STRATEGIES, LLCNature of Debt (Purpose):
PRINTING/POSTAGEMailing Address 12854 KENAN DR
STE 145City
JACKSONVILLEState
FLZip Code
32258

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4153

Amount Incurred This Period

52307.33

Payment This Period

0.00

Outstanding Balance at Close of This Period

52307.33

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MAJORITY STRATEGIES, LLCNature of Debt (Purpose):
PRINTING/POSTAGEMailing Address 12854 KENAN DR
STE 145City
JACKSONVILLEState
FLZip Code
32258

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4160

Amount Incurred This Period

52307.33

Payment This Period

0.00

Outstanding Balance at Close of This Period

52307.33

1) **SUBTOTALS** This Period This Page (optional)..... ►

114614.66

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 9 OF 13

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10
NAME OF COMMITTEE (In Full)
OHIO FIRST PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MAJORITY STRATEGIES, LLCNature of Debt (Purpose):
MEDIA PLACEMENTMailing Address 12854 KENAN DR
STE 145City
JACKSONVILLEState
FLZip Code
32258

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4177

Amount Incurred This Period

25000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

THE PAROSKA GROUP, INC.Nature of Debt (Purpose):
FUNDRAISING CONSULTINGMailing Address 2206 SUPERIOR VIADUCT
#401City
CLEVELANDState
OHZip Code
44113

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4232

Amount Incurred This Period

15000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

THE PAROSKA GROUP, INC.Nature of Debt (Purpose):
FUNDRAISING CONSULTINGMailing Address 2206 SUPERIOR VIADUCT
#401City
CLEVELANDState
OHZip Code
44113

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4233

Amount Incurred This Period

15000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

55000.00

2) **TOTALS** This Period (last page this line number only)..... ►

367666.99

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

367666.99

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 10 OF 13
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) OHIO FIRST PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00666750 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item MAJORITY STRATEGIES, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 12854 KENAN DR STE 145			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">93270.00</div>	
City JACKSONVILLE	State FL	Zip Code 32258		
Purpose of Expenditure MEDIA PLACEMENT/MEDIA PRODUCTION		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>		
Name of Federal Candidate: RENACCI, JAMES B, ,			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: OH	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item MAJORITY STRATEGIES, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 12854 KENAN DR STE 145			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">25000.00</div>	
City JACKSONVILLE	State FL	Zip Code 32258		
Purpose of Expenditure MEDIA PLACEMENT		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>		
Name of Federal Candidate: RENACCI, JAMES B, ,			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: OH	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DOZIER, JULIE, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 11 OF 13
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) OHIO FIRST PAC				FEC IDENTIFICATION NUMBER ▼ C C00666750	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee MAJORITY STRATEGIES, LLC			<input checked="" type="checkbox"/> Memo Item		
Mailing Address 12854 KENAN DR STE 145			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 01 / 2018		
City JACKSONVILLE	State FL	Zip Code 32258	Amount 2500.00		
Purpose of Expenditure MEDIA PRODUCTION		Category/Type 	Transaction ID : SE.4217 Date of Disbursement or Obligation MM / DD / YYYY 04 / 01 / 2018		
Name of Federal Candidate: RENACCI, JAMES B, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: OH		
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee MAJORITY STRATEGIES, LLC			<input checked="" type="checkbox"/> Memo Item		
Mailing Address 12854 KENAN DR STE 145			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 02 / 2018		
City JACKSONVILLE	State FL	Zip Code 32258	Amount 52307.33		
Purpose of Expenditure PRINTING/POSTAGE		Category/Type 	Transaction ID : SE.4148 Date of Disbursement or Obligation MM / DD / YYYY 04 / 02 / 2018		
Name of Federal Candidate: RENACCI, JAMES B, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: OH		
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			0.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature DOZIER, JULIE, , ,		[Electronically Filed]		Date MM / DD / YYYY 06 / 29 / 2018	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 12 OF 13
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) OHIO FIRST PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00666750 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item MAJORITY STRATEGIES, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 12854 KENAN DR STE 145			Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">52307.33</div>	
City JACKSONVILLE	State FL	Zip Code 32258		
Purpose of Expenditure PRINTING/POSTAGE		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		
Name of Federal Candidate: RENACCI, JAMES B, ,			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: OH	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item MAJORITY STRATEGIES, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 12854 KENAN DR STE 145			Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">52307.33</div>	
City JACKSONVILLE	State FL	Zip Code 32258		
Purpose of Expenditure PRINTING/POSTAGE		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		
Name of Federal Candidate: RENACCI, JAMES B, ,			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: OH	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DOZIER, JULIE, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 13 OF 13
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) OHIO FIRST PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00666750 </div>										
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶				New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>										
Full Name of Payee <input checked="" type="checkbox"/> Memo Item MAJORITY STRATEGIES, LLC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 04 / 16 / 2018 </div>											
Mailing Address 12854 KENAN DR STE 145			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 25000.00 </div>											
City JACKSONVILLE	State FL	Zip Code 32258	Transaction ID : SE.4176 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 04 / 16 / 2018 </div>											
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose RENACCI, JAMES B, ,											
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 0.00 </div>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____												
Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>											
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>											
City	State	Zip Code	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>											
Purpose of Expenditure		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____											
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 5%; text-align: center;">▶</td> <td style="width: 35%; border: 1px solid black; padding: 2px; text-align: right;">0.00</td> </tr> <tr> <td>(b) SUBTOTAL of Unitemized Independent Expenditures.....</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px; text-align: right;">0.00</td> </tr> <tr> <td>(c) TOTAL Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px; text-align: right;">0.00</td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	▶	0.00	(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	0.00	(c) TOTAL Independent Expenditures	▶	0.00
(a) SUBTOTAL of Itemized Independent Expenditures	▶	0.00												
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	0.00												
(c) TOTAL Independent Expenditures	▶	0.00												
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.														
DOZIER, JULIE, , , Signature		[Electronically Filed]		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 06 / 29 / 2018 </div>										